

# Restoring Hope Counseling Center

Of Southern California

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## INFORMED CONSENT/THERAPY AGREEMENT

As a client you have the right to know that I am a Marriage and Family Therapist registered with the state of California. Psychotherapy occurs within a relationship, which is close and intimate, which needs to be professional to be therapeutic. I believe that keeping professional boundaries clear will facilitate the therapeutic process. These guidelines are designed so that you may optimize your therapy experience.

It is important for you to understand the following guidelines:

1. FEES

Please make donation at the beginning of every session with cash or check..

2. APPOINTMENTS:

**You are responsible for keeping your appointments. Should you fail to show, cancel, or postpone your appointment without a minimum of twenty-four [24] hours notification, you will be charged full fee for the time set aside for you. The fee for “no-show” appointments is payable before your next regularly scheduled appointment.**

3. SESSIONS:

You will find it a better experience if you arrive on time. Sessions are 45 to 50 minutes in length. Call if you know that you will be late. If you have not called within 15 minutes of the beginning of our scheduled session, I will assume that you are not keeping your appointment, and will be charged for the session.

4. TELEPHONE COMMUNICATION:

Please keep telephone conversations for emergencies only. I will be glad to talk to you for 10 or less minutes without charge. If more time is needed, I will schedule an extra session. Phone sessions can be scheduled and will be billed according to time spent. If there is an emergency, and you cannot wait for a return call, please call your personal physician, hospital or 911.

5. NOTICE OF CHANGES/TERMINATION:

With mutual agreement between client and therapist that therapeutic goals have been reached, there will be one final closing session to review the progress that was made and discuss future goals for continued success. You will need to let me know 2 sessions ahead. Please discuss with your therapist if you want to decrease the frequency of sessions, take a break, or end therapy.

Under certain circumstances, I may find it necessary to terminate therapy with you. Such circumstances include, but are not limited to: a] non-payment of fees, b] when I determine that you are no longer benefiting from therapy or the therapeutic relationship, c] when I determine there is a better treatment elsewhere for you, d] when I determine that you are not willing to follow the Treatment Plan. If necessary, I will provide appropriate referrals for your continued care.

6. RISKS OF COUNSELING:

Out of an ethical commitment to help you make an informed choice to participate in therapy or not, I want you to know that there are risks in counseling. This commitment will continue throughout counseling. At any time, you may ask us to explain what I am doing and why I am doing it. I will be happy to explain my particular way of working.

The greatest risk of counseling is that [by itself] it may not resolve your problem or concern. There are no guarantees. I will assess progress on a week to week basis. Chronic non-improvement as viewed by you or myself will result in re-examining goals, possible referral to other state, county, or professional organizations for medication, other procedures, additional education and/or referral to another therapist or agency that has a different approach.

Be aware that sometimes you may feel worse before you feel better. This is, often, a sign that progress is taking place. If you have any concerns, please discuss with me.

If a client is here for the purpose of using therapy as a legal tool; [i.e. divorce, custody, court order, or to limit probation or sentencing], you need to know that your client files may be opened, with your permission, to the legal system [attorneys on both sides, probation, court, etc.], limiting your right to confidentiality. When a client is in individual therapy, he or she has the right to ask for information about their file, and the therapist, acting in the best interest of the client, has the right to limit the information disclosed.

*I WANT YOUR DECISION TO ENTER THERAPY TO BE AN INFORMED ONE.*

I understand that treatment may involve discussing relationship, emotional and/or psychological issues that may at times be distressing. However, I also understand that this process is intended to help me personally with my relationships. I am aware of alternative treatment facilities available to me.

Please acknowledge your understanding of these guidelines by signing this contract and returning it to your therapist.

Therapist Name \_\_\_\_\_ Donation: \_\$\_\_\_\_\_

Responsible client SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

Please PRINT client name: \_\_\_\_\_